



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
TENNCARE DIVISION
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**ANNUAL REPORT TO THE DEPARTMENT OF HEALTH
AND FISCAL REVIEW COMMITTEE
OF REQUESTS FOR TENNCARE CLAIMS REVIEW
FOR CALENDAR YEAR 2005**

Pursuant to Tenn. Code Ann. § 56-32-226(b)(5):

Number of requests for TennCare claims review filed for each TennCare health maintenance organization (HMO) and behavioral health organization (BHO) during the 2005 calendar year:

<u>Name Of HMO/BHO</u>	<u>Number of Requests</u>	<u>Outcome of Each Request*</u>
Doral Dental of Tennessee, Inc.	0	N/A
John Deere Health Plan, Inc.	4	4 Ineligible
Memphis Managed Care Corporation d/b/a TLC Family Care	29	10 MCO 12 Provider 7 Ineligible
Preferred Health Partnership of TN, Inc.	8	4 Provider 4 Ineligible
Premier Behavioral Systems	3	3 Provider
Tennessee Behavioral Health, Inc.	1	1 Ineligible
UAHC Health Plan of Tennessee, Inc.	1	1 Ineligible
Unison Health Plan of Tennessee, Inc.	3	1 MCO 1 Provider 1 Ineligible
Volunteer State Health Plan Inc. d/b/a TennCare Select and BlueCare	5	3 MCO 1 Provider 1 Ineligible
Windsor Health Plan, Inc. d/b/a VHP CommunityCare	1	1 MCO
Total Number of Requests	54	

Name of provider whose claim denial is upheld in more than fifty percent (50%) of the independent review requests, as well as the number of claim reviews lost by that provider:

<u>Name of Provider</u>	<u>Number of Claims Review and Outcome*</u>
Karl B. Rhea, Jr., M.D.	1 Claim Submitted 1 Claim Denial Upheld
Rene C. del Valle, M.D.	3 Claims Submitted 3 Claim Denials Upheld
The Smith Clinic for Physical Therapy	1 Claim Submitted 1 Claim Denial Upheld
University of Virginia Medical Center	1 Claim Submitted 1 Claim Denial Upheld

***Description of Outcome Information:**

Ineligible – The independent review request did not meet the statutory guidelines for eligibility. The providers are notified of their ineligible status and are given the opportunity to correct the deficiencies.

MCO – The Independent Reviewer found that the claim was properly denied by the MCO.

Provider – The Independent Reviewer found that the claim was properly filed by the Provider and the claim should be paid by the MCO.

Claim Denial Upheld – The Independent Reviewer found that the MCO properly denied the claim.